

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 479
Registered No. _____

PLACE OF BIRTH

County Navajo State Arizona
District or Township _____ or Village Lakeside
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Leo Clarence Peterson
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth June 2nd 1929
Month Day Year

8. FATHER Full name Joseph Arley Peterson
Usual place of abode Lakeside
If non-resident, give place and state. Ariz.
14. MOTHER Full maiden name Coral Shumway
15. Residence Lakeside
(Usual place of abode)
If non-resident, give place and state. Ariz.

10. Color or race White 11. Age at last birthday 30 (Years)
16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Provo
(State or country) Utah
18. Birthplace (city or state) Shumway
(State or country) Arizona

13. Occupation Poultryman
Nature of industry _____
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Loretta E. Hanson
Lakeside, Arizona
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year _____

Filed June 28, 1929 John L. Fish
Registrar.

375-602-328

the numb.

case of more than one child at a birth, a SEPARATE order of birth